



National Survey for Wales 2016-17: Child Health - Lifestyle

20 Sept 2017
SB 46/2017

The National Survey for Wales has replaced the Welsh Health Survey as a source of data on health-related lifestyle among children. Results from the two surveys are not comparable due to the change in survey methodology. All results in this bulletin relate to children aged 3 to 17.

81%

Or 8 in 10 had at least 2 hours of **screen time** on a **weekday**



92%

Or 9 in 10 had at least 2 hours of **screen time** on a **weekend day**

73%

Or 7 in 10 ate **fruit** every day



62%

Or 6 in 10 ate **vegetables** every day

11%

Or 1 in 10 drank **sugary** soft drinks every day



18%

Or 2 in 10 drank **diet** soft drinks every day

11%

Or 1 in 10 were not **active** on any day of the week



51%

Or 5 in 10 were **active seven** days a week

About this bulletin

This bulletin provides information about the health and health related lifestyles and behaviours of children living in Wales from the National Survey for Wales in 2016-17. Some initial results were published in June 2017.

The full questionnaire is available on the [National Survey web pages](#).

Additional tables can be accessed via [StatsWales](#).

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Section 1: Screen time



8 in 10 (81 per cent) of children had at least two hours screen time (using electronic devices or watching television) on an average weekday and over 9 in 10 (92 per cent) had at least two hours screen time on a weekend day. Screen time among children increased with age.

Figure 1: Percentage of children who had at least two hours screen time, by sex

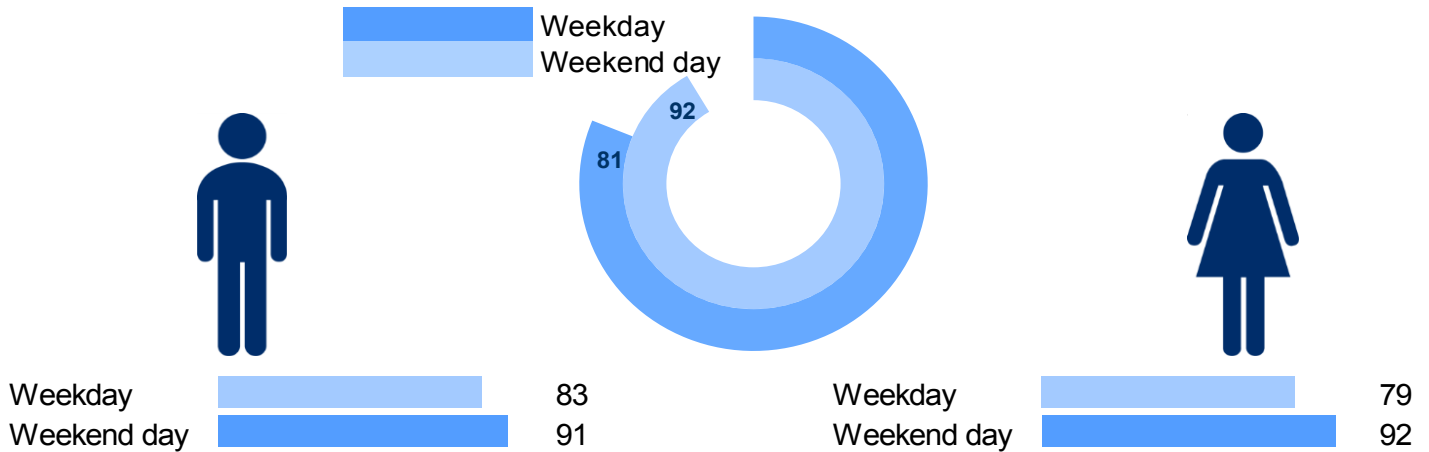


Figure 2: Percentage of children who had at least two hours screen time, by age

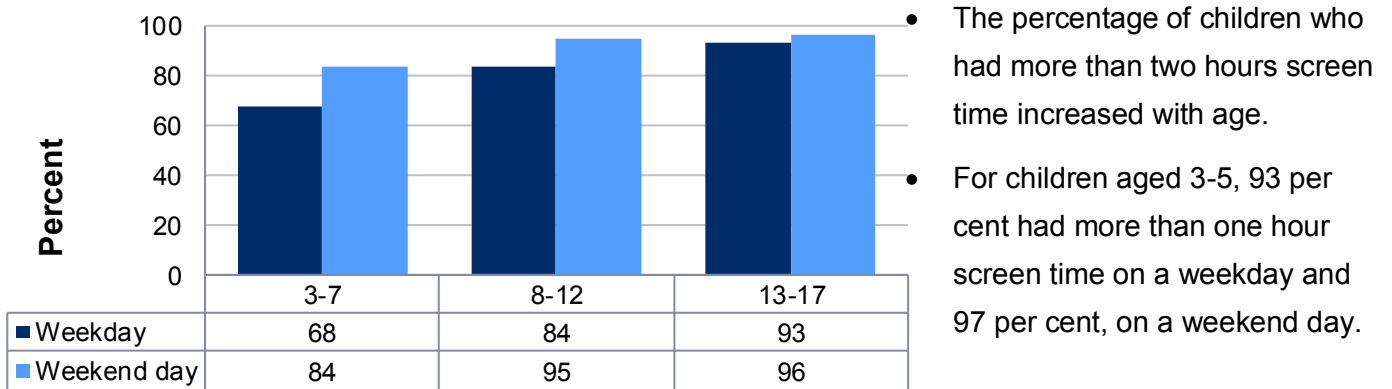
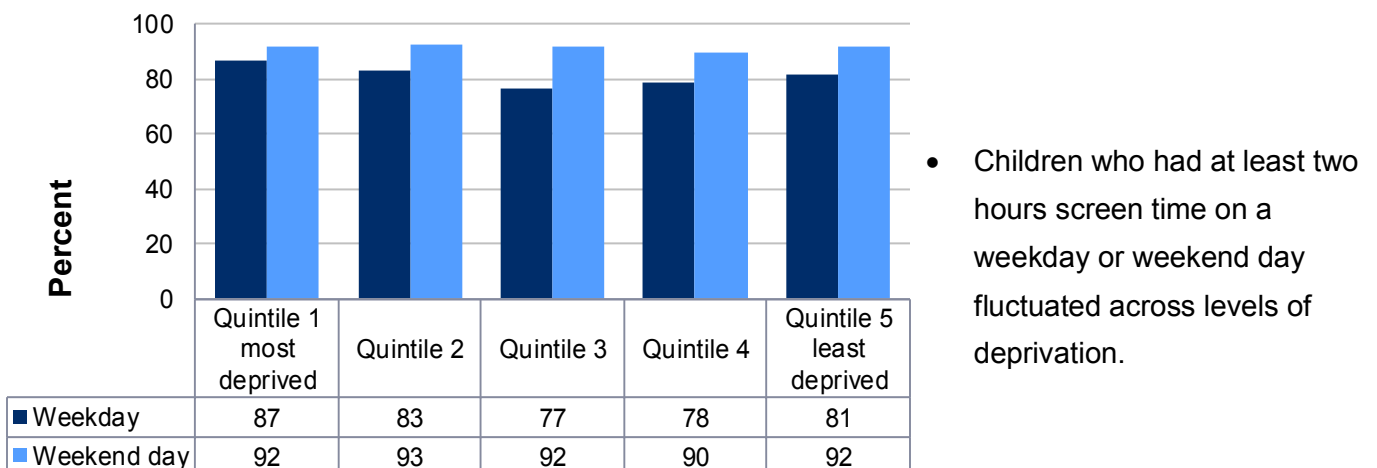


Figure 3: Percentage of children who had at least two hours screen time, by area deprivation





Section 2: Fruit and vegetable consumption



7 in 10 (73 per cent) children ate fruit and 6 in 10 (62 per cent) ate vegetables every day. The proportion of children eating fruit every day decreased with age. The proportion of children eating fruit every day fluctuated with the level of deprivation. Children in the most deprived areas were less likely to eat vegetables every day than children in least deprived.

Figure 4: Percentage of children who ate fruit and vegetables every day, by sex

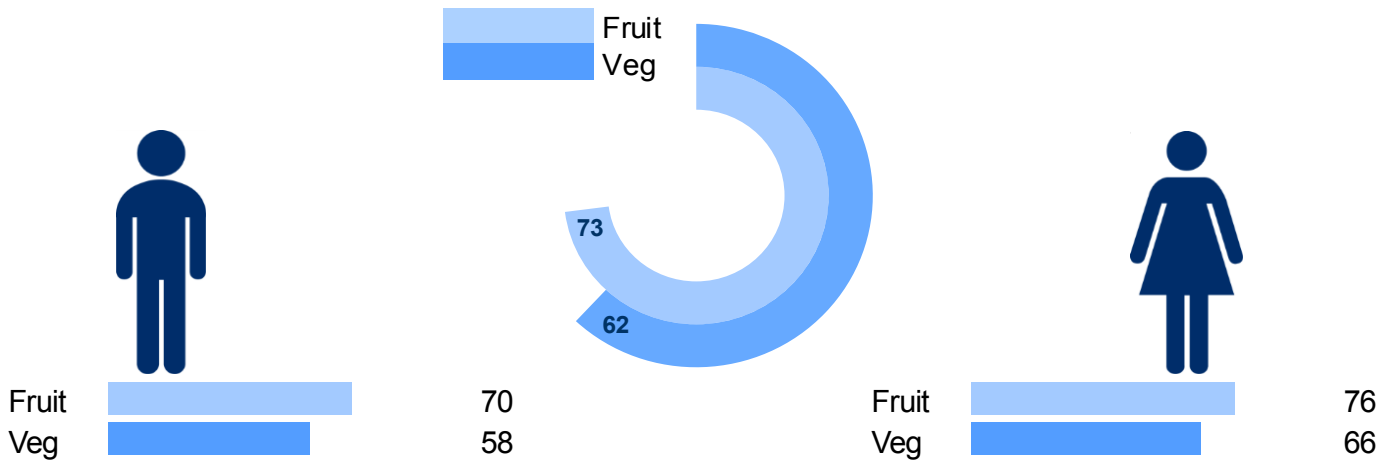
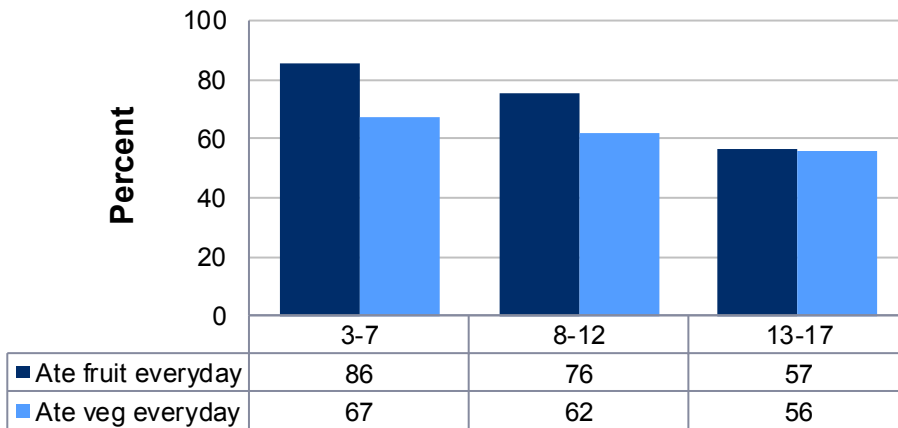
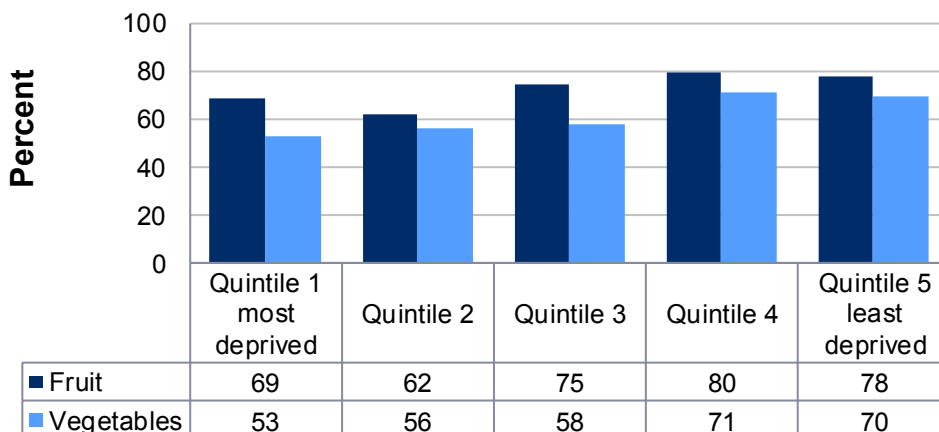


Figure 5: Percentage of children who ate fruit and vegetables every day, by age



- The proportion of children eating fruit and vegetables every day decreased with age. The decreases were greater for fruit.

Figure 6: Percentage of children who ate fruit and vegetables every day, by area deprivation



- The proportion of children eating fruit every day fluctuated with the level of deprivation.
- The proportion of children eating veg every day ranged from 53 per cent in the most deprived areas to between 70 and 71 per cent in the least deprived areas.



Section 3:

Consumption of sugary and diet soft drinks



One in ten (11 per cent) children drank sugary soft drinks every day and two in ten (18 per cent) children drank diet soft drinks every day. Consumption of sugary soft drinks every day increased with age. Children in the most deprived areas were more likely to drink sugary drinks than children in the least deprived areas.

Figure 7: Percentage of children who drank sugary or diet soft drinks every day, by sex

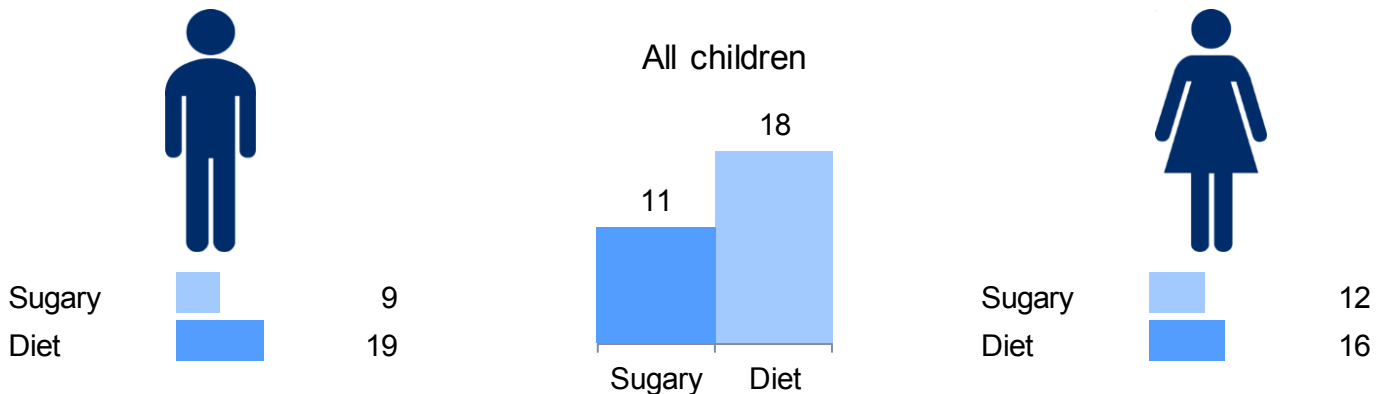
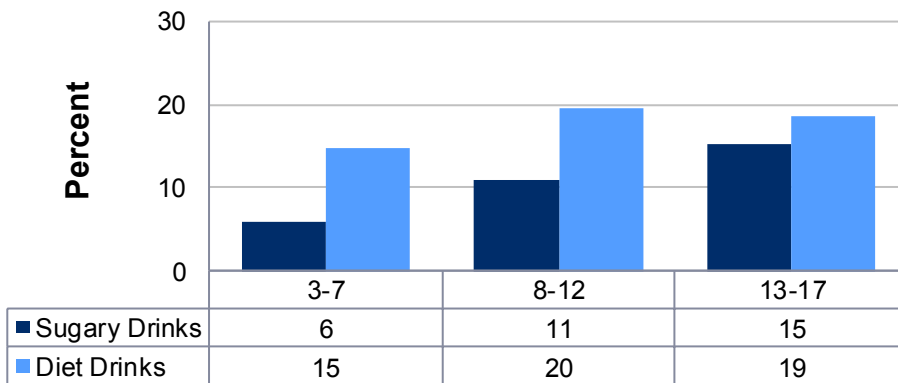
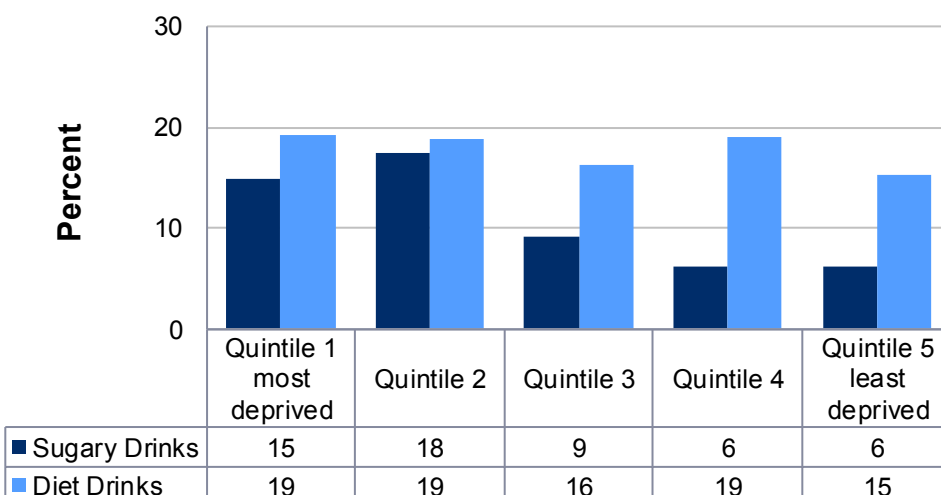


Figure 8: Percentage of children who drank sugary or diet soft drinks every day, by age



- The proportion of children drinking sugary drinks increased with age.
- Children aged 8-17 were twice as likely (11 to 15 per cent) to drink sugary soft drinks every day than children aged 3-7 (7 per cent).

Figure 9: Percentage of children who drank sugary or diet soft drinks every day, by area deprivation



- Children in the most deprived areas were more than twice as likely (15 per cent) to consume sugary soft drinks than children in the least deprived areas (6 per cent).
- The consumption of diet drinks fluctuated across levels of deprivation.



Section 4: Physical activity

At a
Glance

Over half (51 per cent) of children were active for at least an hour seven days a week. The proportion of children doing at least one hour activity every day decreased with age.

Figure 10: Percentage of children who were active for at least 1 hour, by number of days and sex

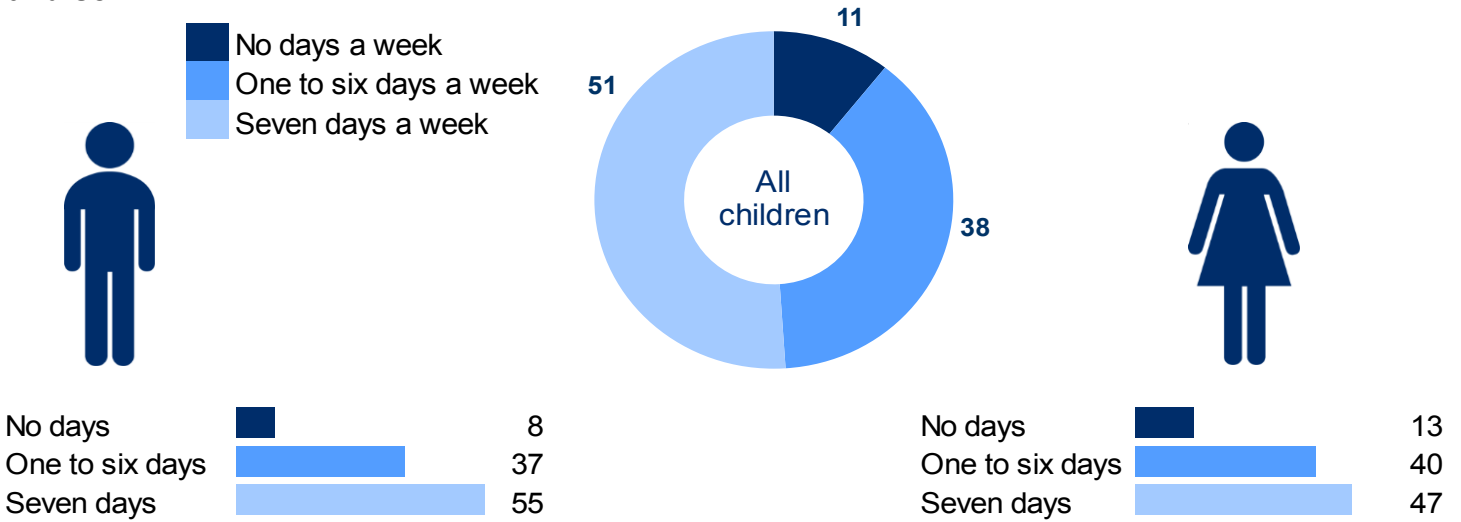
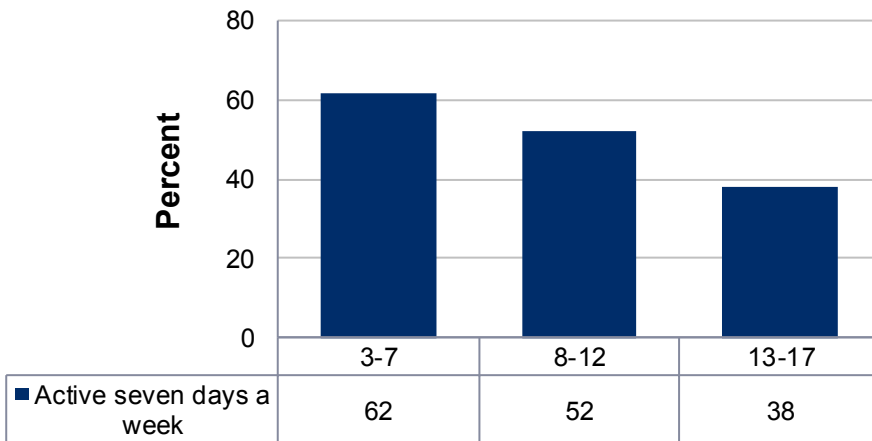
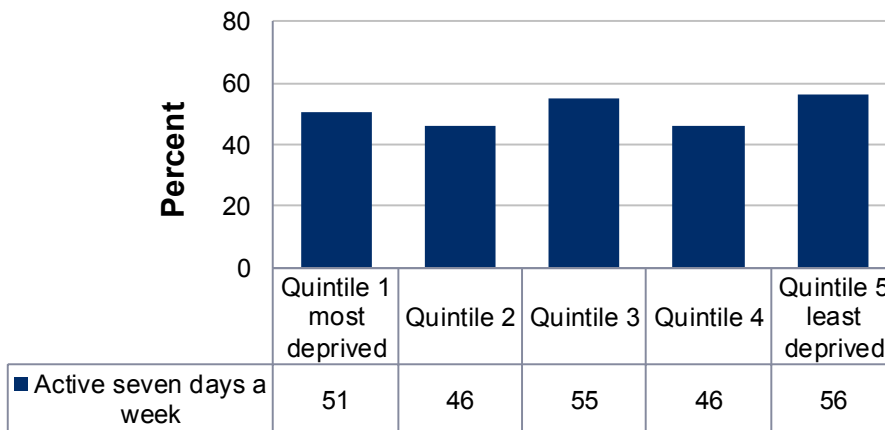


Figure 11: Percentage of children who were active for at least 1 hour every day, by number of days and age



- The proportion of children being active for at least one hour every day decreased with age. 62 per cent of children aged 3-7 being active seven days a week compared to 38 per cent of those aged 13-17.
- Children aged 13-17 were more likely to have no days of physical activity in a week (18 per cent) than children aged 3-12 (5 to 9 per cent).

Figure 12: Percentage of children who were active for at least 1 hour every day, by area deprivation



- The proportion of children who were active for at least one hour every day fluctuated across levels of deprivation.

Summary table

Table 1: Health-related lifestyle behaviours - summary of key variables, children aged 3-17, by socio-demographic factors (a), 2016-17

Per cent

	At least 2 hours screen time (weekday)	At least 2 hours screen time (weekend day)	Ate fruit every day	Ate veg every day	Consumed sugary drinks every day	Consumed diet drinks every day	Not active for at least one hour on any day of the week	Active for at least 1 hour between one and six days a week	Active for at least 1 hour seven days a week
All aged 3-17	81	92	73	62	11	18	11	38	51
By sex:									
Boys	83	91	70	58	9	19	8	37	55
Girls	79	92	76	66	12	16	13	40	47
By age:									
3-7	68	84	86	67	6	15	9	29	62
8-12	84	95	76	62	11	20	5	43	52
13-17	93	96	57	56	15	19	18	44	38
By WIMD deprivation quintile (age-standardised):									
Quintile 1 (most deprived)	87	92	69	53	15	19	12	38	51
Quintile 2	83	93	62	56	18	19	15	39	46
Quintile 3	77	92	75	58	9	16	10	36	55
Quintile 4	78	90	80	71	6	19	12	42	46
Quintile 5 (least deprived)	81	92	78	70	6	15	6	37	56

National Survey for Wales 2016-17

a) See [definitions](#) for explanations of socio-demographic factors.

Definitions

The results in this bulletin are based on parents/guardians understanding of their child's health-related behaviours. This can be a complex area to measure and there may be some differences between what parents report and what their children do. However, survey data still provides a reasonable means of comparing patterns for these behaviours between groups and over time.

Screen time

Screen time for very young children is not generally recommended. For those aged around 2-5 it has been suggested that screen use is limited to an hour a day. For older children, there is some evidence that excessive screen time can adversely affect health and well-being, but there is little consensus on how much screen time is too much. How screen media are used can also be important, as well as how much they are used.

[American Academy of Pediatrics: Media and Young Minds](#)

[American Academy of Pediatrics: Media Use in School-Aged Children and Adolescents](#)

For the purposes of this bulletin, those with a total screen time of at least 2 hours were reported – this is fairly widely used in other reports, although it is not a recommendation.

Fruit and vegetable consumption

The survey asked parents/guardians questions about their child's consumption of fruit and vegetables to determine how frequently they were consumed in a week.

One question was asked on fruit and one on vegetables. Respondents were asked how many times a week their child ate fruit or vegetables. Responses were then categorised into 'more than once a day', 'every day', '5-6 days a week', '2-4 days a week', 'once a week', 'Less than once a week', 'rarely' or 'never'

Soft drinks

The survey asked parents/guardians questions about their child's consumption of diet drinks as well as soft drinks that contain sugar to determine how frequently they were consumed in a week.

One question was asked on diet coke and other low sugar drinks and one on coke and other soft drinks containing sugar. Respondents were asked how many times a week their child consumed these types of drinks. Responses were then categorised into 'more than once a day', 'every day', '5-6 days a week', '2-4 days a week', 'once a week', 'Less than once a week' and 'rarely or never'.

Physical activity

Physical activity [guidelines](#) recommend that children should be active for at least 60 minutes a day, seven days a week.

The survey asked parents/guardians questions about their child's activity and asked them to report on the amount of time their child was active on each day in the previous seven days. Parents were informed that "exercising" included any physical activity that left their child feeling warm or at least slightly out of breath and that this would include activities such as playing sport, cycling, running or brisk walking and included exercise done at school, outside school, with a club, with friends or on their own.

Welsh Index of Multiple Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is used as the official measure of deprivation in Wales. Deprivation is a wider concept than poverty. Deprivation refers to wider problems caused by a lack of resources and opportunities. The WIMD is constructed from eight different types of deprivation. These are: income, housing, employment, access to services, education, health, community safety and physical environment. Wales is divided into, 1,909 Lower-Layer Super Output Areas (LSOA) each having about 1,600 people. Deprivation ranks have been worked out for each of these areas: the most deprived LSOA is ranked 1, and the least deprived 1,909. Respondents to the survey have been split into five groups based on the LSOA they live in (with 20% of LSOAs allocated to each group), and results are compared for the most and least deprived.

Key quality information

Comparability with results from former Welsh Health Survey

The National Survey for Wales has replaced the Welsh Health Survey as a source of data on health-related lifestyle among children. Results from the two surveys are not comparable due to the change in survey methodology. The size of the discontinuities can vary depending on the topic. Some additional information is given in a [discontinuity report](#). Another source of information on health-related lifestyle among adolescents is [HBSC](#) (Health Behaviour in School-aged Children).

Background

The National Survey for Wales 2016-17 was carried out by the Office for National Statistics on behalf of the Welsh Government. The results reported in this bulletin are based on interviews completed in 2016-17 (1 April 2016 – 31st March 2017).

21,666 addresses were chosen randomly from the Royal Mail's Small User Postcode Address File. Interviewers visited each address, randomly selected one adult (aged 16+) in the household, and carried out a 45-minute face-to-face interview with them, which asked for their opinions on a wide range of issues affecting them and their local area. A total of 10,493 interviews were achieved.

The survey asked parents/guardians questions about a child in the household. If there was more than one child aged 3-17 in the household, then one child was randomly selected as the subject of questions on screen time, diet and physical activity. 2,109 children were selected for these questions.

Interpreting the results

Percentages quoted in this release are based on only those parents who provided an answer to the relevant question. Missing answers occur for several reasons, including refusal or an inability to answer a particular question and cases where the question is not applicable to the respondent.

The results of the National Survey are weighted to compensate for unequal selection probabilities and differential non-response (i.e. to ensure that the age and sex distribution of the final dataset matches that of the Welsh population).

Quality report

A summary [quality report](#) is available, containing more detailed information on the quality of the survey as well as a summary of the methods used to compile the results.

Technical report

More detailed information on the survey methodology is set out in the [technical report](#) for the survey.

Sampling variability

Estimates from the National Survey are subject to a margin of uncertainty. Part of the uncertainty comes from the fact that any randomly-selected sample of the population will give slightly different results from the results that would be obtained if the whole population was surveyed. This is known as sampling error.¹ Confidence intervals can be used as a guide to the size of the sampling error. These intervals are calculated around a survey estimate and give a range within which the true value is likely to fall. In 95% of survey samples, the 95% confidence interval will contain the 'true' figure for the whole population (that is, the figure we would get if the survey covered the entire population). In general, the smaller the sample size the wider the confidence interval. Confidence intervals are included in the tables of survey results published on [StatsWales](#).

As with any survey, the National Survey is also subject to a range of other sources of error: for example, due to non-response; because respondents may not interpret the questions as intended or may not answer accurately; and because errors may be introduced as the survey data is processed. These kinds of error are known as non-sampling error, and are discussed further in the [quality report](#) for the survey.

Revisions

More information on our [revisions policy](#).

Release policy

Information about the process for releasing new results is available from the [Welsh Government's statistics web pages](#).

Availability of datasets

The data behind the charts and tables in this release are published in spreadsheets on [StatsWales](#). An anonymised version of the annual datasets (from which some information is removed to ensure confidentiality is preserved), together with supporting documentation, will be deposited with the UK Data Archive. For more information, please contact us (see [Feedback](#)).

¹ Sampling error is discussed in more detail in the [Quality Report](#) for the National Survey.

National Statistics status

The [United Kingdom Statistics Authority](#) has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the [Code of Practice for Official Statistics](#).

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on indicators and associated technical information - [How do you measure a nation's progress? - National Indicators](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Further details

The document is available at:

<http://gov.wales/statistics-and-research/national-survey/?tab=current&lang=en>

Next update

September 2018 (provisional)

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@gov.wales

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